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APPLICANTS

Reed David Hanson, Chaska, MN;
 Nathaniel Boyd Wilson, Edmond, OK;
 John Christopher Morris, Eden Prairie, MN;
 Thomas Christopher Zirps, Minneapolis, MN;

** CONTINUING DATA *****

APD *None*

** FOREIGN APPLICATIONS *****

APD *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Andrew J. [Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

David K. Lucente
 Seagate Technology LLC
 Intellectual Property - COL2LGL
 389 Disc Drive
 Longmont, CO 80503

TITLE

Fractional-rate feedforward RRO compensator

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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